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## BIB DATA SHEET

CONFIRMATION NO. 5687

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.      |                          |                                |
|---|---|--|---|-----------------------------|--------------------------|--------------------------------|
| 09/348,742  | 07/06/1999<br>RULE  | 248  | 3632  | 7038                        |                          |                                |
| <b>APPLICANTS</b><br>EDWARD DZIEDZIC, GERMANTOWN, TN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>07/29/1999   |   |  |   |                             |                          |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/ALFRED J WUJCIAK/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>TN   | <b>SHEETS DRAWINGS</b><br>3 | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>PAUL M DENK<br>763 SOUTH NEW BALLAS ROAD<br>ST LOUIS, MO 63141  |   |  |   |                             |                          |                                |
| <b>TITLE</b><br>BANDED MOUNT  |   |  |   |                             |                          |                                |
| <b>FILING FEE RECEIVED</b><br>380   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                             |                          |                                |